

Children's Clinic

Doctor's Note for School Absence

Dr. John Smith MBBS
Specialist In.
Date:

Certificate of Medical consultation:

Dear, _____ was under my care on _____

She/he will be able to return to School/Work on _____

Physician Comments: _____

Sincerely,

Doctor's Signature



567 Main Street, New York City,
USA



Phone: +1234567890



Email: 123@mail.com